

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICANS FOR JOB SECURITY

(b) Address (number and street) ☐ check if different than previously reported

107 SOUTH WEST STREET PMB 551

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001135

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 8

through

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 8

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 8(b) Communication Title Get Serious

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Stephen A DeMaura

(b) Address (number and street)

107 South West Street

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

Americans for Job Security

(e) Occupation

President

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

111702.33

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stephen A DeMauraSIGNATURE Electronically Filed by Stephen A DeMauraDATE 09/11/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name	<b>Transction ID :</b> F91.000001	
	Stephen A DeMaura		
	(b) Address (number and street)		
	107 South West Street PMB 551		
	PMB 551		
	(c) City, State and Zip Code		
	Alexandria	VA	22314
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Americans for Job Security		President

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8</div> </div>			
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">110002.33</div>			
City Alexandria		State VA		Zip Code 22314		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Placement Costs: Get Serious							
Name of Federal Candidate Franken Al		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: MN District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Soundscapes				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8</div> </div>			
Mailing Address of Payee 3422 Old Cantrell Rd				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1700.00</div>			
City Little Rock		State AR		Zip Code 72202		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Production							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">111702.33</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">111702.33</div>